

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36433

State File No.

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>934</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. DISTRICT <u>0582</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>53 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield Mo</u>		d. STREET ADDRESS (If rural, give location) <u>119 N. North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M. C. Larnay Hospital</u>				3. NAME OF DECEASED a. (First) <u>Lela</u> b. (Middle) <u>Stuetz</u> c. (Last) <u>Stuetz</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 18 1870</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Days <u>11</u> Hours <u>26</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <u>Lakeman Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J O Strickling</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Hamilton</u>		14. NAME OF HUSBAND OR WIFE <u>Fred C Stuetz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Coronary Occlusion</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 11</u> , 1953, to <u>Oct 14</u> , 1953, that I last saw the deceased alive on <u>Oct 14</u> , 1953, and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roy R. Haley M.D.</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>10/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michaels Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-17-53</u>		REGISTRAR'S SIGNATURE <u>Madeline Stambach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Homer Bowden Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James B. McCalland

Licensed Embalmer No. *4230*

P. O. Address *Brookfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.